SEHP Aetna Medicare Advantage 2020 plan options

Follow these simple steps to choose Aetna® medical and prescription drug coverage:

- 1. See key coverage highlights of Aetna's three medical plan options below. For complete coverage details, monthly plan premium costs and other important information, see your SEHP enrollment booklet or visit www.kdheks.gov/hcf/sehp/default.htm.
- 2. Review details of the Standard Part D that is included with medical on page two.
- 3. Select the Aetna medical plan. Want help understanding the differences between the Aetna plan choices? Call **1-844-233-1939 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM, all time zones.
- 4. To enroll, visit **sehp.member.hrissuite.com**.

Plan name	Freedom with Standard Rx	Liberty with Standard Rx	Elite with Standard Rx	
Annual Deductible	\$0	\$0	\$150 (Waived for Emergency Room, Ambulance in the US, and Preventive Care)	
Annual Maximum Member Would Potentially Pay (plan covers 100% after that)	\$1,000	\$500	\$150	
Key medical benefits: This is what you pay for network & out-of-network providers				
Primary Care Physician Visits	\$10	\$15	\$0	
Physician Specialist Visits	\$25	\$15	\$0	
Preventive Services	\$0	\$0	\$0	
Outpatient Lab and X-ray	\$0	\$15	\$0	
Urgently Needed Care	\$30	\$15	\$0	
Emergency Care	\$80	\$50	\$0	
Inpatient Hospital Care	\$150 copay per day, days 1-5	\$0 per stay	\$0	
Outpatient Surgery	\$150	\$0	\$0	
Home Health Agency Care	\$0	\$0	\$0	
Chiropractic Services	\$20	\$15	\$0	
Durable Medical Equipment	20%	15%	\$0	
Podiatry Services	\$25	\$15	\$0	
Diabetic Supplies	\$0	\$0	\$0	
Key extra benefits				
Hearing Aid	\$500 reimbursement every 12 months			
Fitness Benefit	SilverSneakers at no extra cost to you			





All 2020 Medicare Advantage plans include the Standard Rx Drug Plan.

Benefits:	You pay:
RX Deductible	\$0
Pharmacy Network	S2
Formulary	GRP B2
Initial Coverage Limit	\$4,020
Tier	5
30 day supply vs. 90 day supply cost sharing	 Retail - 30 day supply Retail or mail order - 90 day supply
Tier 1 – Preferred Generic	\$2/\$0
Tier 2 – Generic	\$6/\$18
Tier 3 – Preferred Brand (& high cost generic)	\$47/\$141
Tier 4 – Non Preferred Brand (& high cost generic)	\$100/\$300
Tier 5 – Specialty	33% (limited to one month supply)

Benefits:	You pay:	
Coverage Gap	prior to \$6,350 TROOP	
Tier 1 – Preferred Generic	same as above	
Tier 2 – Generic	same as above	
Tier 3 – Preferred Brand (& high cost generic)	25% generic, 25% brand	
Tier 4 – Non Preferred Brand (& high cost generic)	25% generic, 25% brand	
Tier 5 – Specialty	25% generic, 25% brand (limited to one month supply)	
Catastrophic Coverage	after \$6,350 TROOP	
All Tiers	Greater of 5% of the cost of the drug – or – \$3.60 for a generic drug and \$8.95 for all other drugs	
Precertification for Rx	applies	
Step Therapy	applies	
Non Part D rider	NA	

Government required disclosures:

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-14 days. You can call **1-888-792-3862** (TTY: 711), 24 hours a day, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Out-of-network/noncontracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.





www.kdheks.gov/hcf/sehp/DB-2020Book.htm